

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2		/					52			
3							53			
4							54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
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10	/						60			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2									
TOTAL DEP.	8									
TOTAL CLAIMS	10									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS